

### 2017 Strategic Direction Summary

### **Burma**

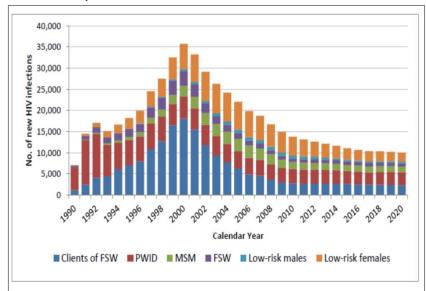
STAR Approval Meeting – Bangkok 2 March 2017

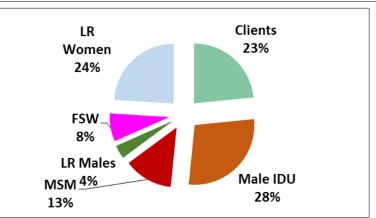


### **Epidemiologic Context**

- As a Fast Track Priority country, Myanmar is one of the 35 countries that account for 90% of new HIV infections globally.
- In 2015, Myanmar has an estimated 224,794
  people living with HIV, representing 0.60%
  prevalence.
- The HIV epidemic in Myanmar remains concentrated among key populations with HIV transmission primarily occurring among people who inject drugs; MSM and transgender people; and sex workers (and their clients and partners).
- From IBBS, HIV prevalence is higher among PWID (28.5%, 2014), FSW (14.6%, 2015) and MSM (11.6%, 2015)

Number of new HIV infections by population groups (15 years and above)



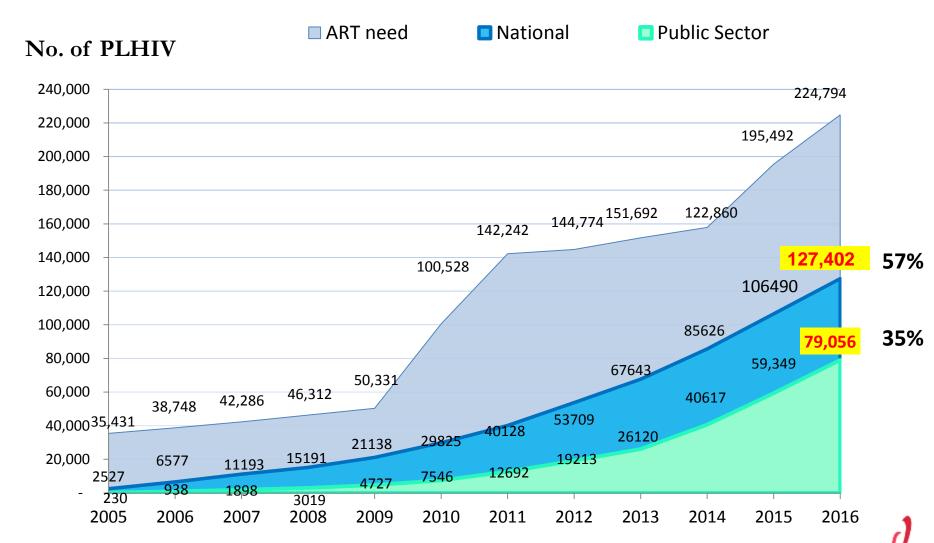


New HIV infections by Sub-Populations in 2016 out of 10,559 new infections





#### ART services coverage as of September 2016





#### **Key Policies Adoption**

#### NSP 2016-2020 (September 2016)

Strategic milestones : 90 – 90 – 90 – 90 – 90

- Test and Start for All
- Geographic prioritization
- Differentiating service delivery approaches
- Continuum of prevention, testing and treatment
- Integration of services in high burden areas
- Transition to public sector management, esp of ART
- Reviewed program costs

**National Health Plan 2017-2021** 

Universal Health Coverage by 2030

**Basic Essential Health Package includes HIV** 



- HTS guidelines
- Clinical guidelines
- Interim operational guidance
- VL scale-up plan
- (Interface with SI work)



- Training program with jobaids, TSP HIV manual
- Service development for priority populations including people in closed settings and prisons
- Monitoring, supervision, QA





### Differentiated service delivery approaches based on burden

PEPFAR	High burden township	Medium burden	Low burden
Prevention	Enhanced outreach  KP Service Center  (By NGO & Public)	Outreach ( <u>By Public</u> &NGO)	Public facility-based IEC
Testing	PITC for PW and TB VCT at AIDS/STD team VCT at township level VCT at hospital ART site Outreach HTS	PITC for PW and TB VCT at township level Outreach HTS	PITC for PW and TB  VCT at township level
Treatment	ART up to sub-township level Integrated and collocated services for TB, MAT	ART at township level	Referral for ART

Same week initiation, 3 month prescription, satellite clinic for ART maintenance



### Budget environment

	Allocation 2017	Allocation 2018-	Total Allocation
HIV	(USD)	2020 (USD)	2017-2020 (USD)
GF	71,009,512	132,402,465	203,411,977
Government budget			
(ART)	15,000,000	42,000,000	57,000,000
Government budget			
(Methadone)	1,000,000	3,000,000	4,000,000
Other bilateral and			
multilateral	22,025,750	22,847,000	44,872,750
NSP resource needs	85,019,723	297,813,541	372,568,012
Anticipated gap		97,564,076	63,283,285





#### Coverage, targets and budget 2017-2020

				Targets						
Module	Coverage/Output Indicator	Baseline (20	015)	2017	2017			2019		
		N #	%	N #	%	N #	%	N #	%	
		D#		D#		D#		D#		
PWID (NSP)	Percentage of PWID reached with	32,370	39%	35,864	43%	16,666	20%	16,666	20%	
	HIV prevention programs	83,000		83,000		83,000		83,000		L
PWID (OST)	Percentage of individuals receiving	10,290	12%	12,000	14%	3,058	4%	3,003	4%	
	Opioid Substitution Therapy who	83,000		83,000		83,000		83,000		L
SW	Percentage of sex workers reached	33,466	51%	37,340	57%	17,352	26%	17,352	26%	
	with HIV prevention programs	66,000		66,000		66,000		66,000		
MSM	Percentage of MSM reached with	37,994	30%	41,556	33%	19,311	15%	19,311	15%	
	HIV prevention programs	126,000		126,000		126,000		126,000		
Prevention A	wareness Raising									
Treatment	Percentage of adults currently	99,404	46%	104,536	49%	104,536	49%	104,536	48%	
(Adults)	receiving antiretroviral therapy	215,312		214,786		211,830		219,441		L
Treatment	among all adults and children	7,086	75%	7,086	82%	7,315	90%	6,803	90%	
(Children)	living with HIV	9,483		8,634		8,128		7,559		
PMTCT	Percentage of HIV+ pregnant	4,365	86%	4,094	80%	4,105	80%	4,106	80%	
	women who received ARVs for	5,074		5,117		5,131		5,133		L
Other HCT	Percentage of others reached with	93,264	7%	120,394	9%	120,235	9%	119,849	9%	
(non-KP)	HIV prevention programs	1,340,632		1,357,734		1,360,911		1,362,492		
TB/HIV	Percentage of HIV+ registered TB	3,034	38%	3,480	40%	2,726	30%	2,809	30%	
	patients given ART during TB	7,918		8,792		8,955		9,318		
HSS, Legal										_
	I	I								



#### Coverage, targets and budget 2017-2020

				Targets						
Module	Coverage/Output Indicator	Baseline (2	015)	2017		2018		2019		2020
		N #	%	N #	%	N #	%	N #	%	N #
		D#		D#		D#		D#		D#
PWID (NSP)	Percentage of PWID reached with	32,370	39%	35,864	43%	16,666	20%	16,666	20%	16,666
	HIV prevention programs	83,000		83,000		83,000		83,000		83,000
PWID (OST)	Percentage of individuals receiving	10,290	12%	12,000	14%	3,058	4%	3,003	4%	2,979
	Opioid Substitution Therapy who	83,000		83,000		83,000		83,000		83,000
SW	Percentage of sex workers reached	33,466	51%	37,340	57%	17,352	26%	17,352	26%	17,352
	with HIV prevention programs	66,000		66,000		66,000		66,000		66,000
MSM	Percentage of MSM reached with	37,994	30%	41,556	33%	19,311	15%	19,311	15%	19,311
	HIV prevention programs	126,000		126,000		126,000		126,000		126,000
<b>Prevention A</b>	Awareness Raising									
Treatment	Percentage of adults current	99,404	46%	104,536	49%	104,536	49%	104,536	48%	104,536
(Adults)	receiving antiretroviral therapy	215,312		214,786		211,830		219,441		221,759
Treatment	among all adults and children	7,086	75%	7,086	82%	7,315	90%	6,803	90%	6,247
(Children)	living with HIV	9,483		8,634		8,128		7,559		6,941
PMTCT	Percentage of HIV+ pregnant	4,365	86%	4,094	80%	4,105	80%	4,106	80%	4,103
	women who received ARVs for	5,074		5,117		5,131		5,133		5,129
Other HCT	Percentage of others reached with	93,264	7%	120,394	9%	120,235	9%	119,849	9%	119,326
(non-KP)	HIV prevention programs	1,340,632		1,357,734		1,360,911		1,362,492		1,362,902
TB/HIV	Percentage of HIV+ registered TB	3,034	38%	3,480	40%	2,726	30%	2,809	30%	2,820
	patients given ART during TB	7,918		8,792		8,955		9,318		9,656
HSS, Legal										
Barriers, CSS										
PR Programn	ne Management									
	-								_	

TOTAL /...: All- -- Al

### Stakeholder Engagement



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Happening Now in Nay Pyi Taw: The US President's Emergency Plan for AIDS Relief (PEPFAR) Myanmar, implemented by the US CDC and USAID, is holding a national stakeholders meeting for the development of its Country Operational Plan on HIV. Stakeholders participating in the meeting include representatives from the Ministry of Health and Sports, NAP, UNAIDS, WHO, UNOPS, STC, UNODC, MAM, ICAP, AHRN, EQUIP/CPI, PSI, PSM, Metta Foundation, FHI 360, MdM, and 3MDG.



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#Strategy
Working to repeal
laws criminalizing
key populations
that fuel stigma
and discrimination
and impede access
to HIV services

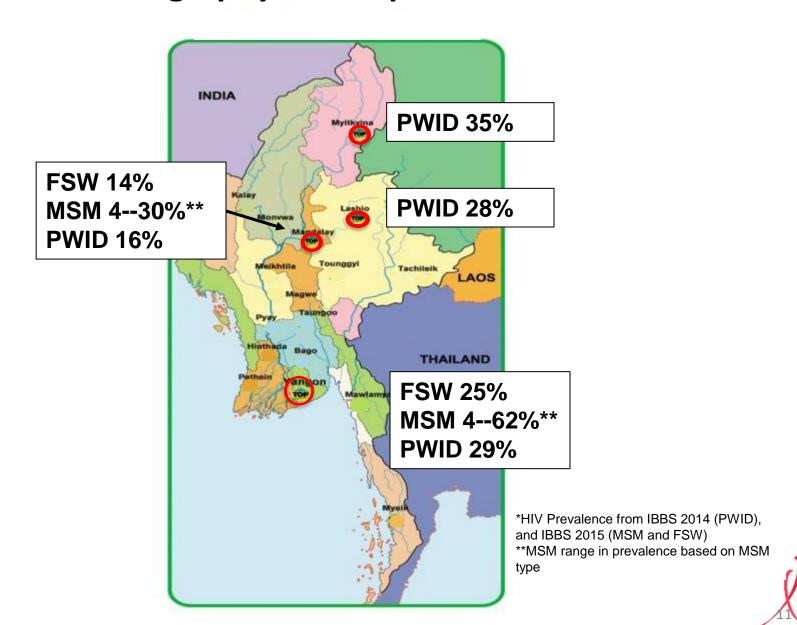


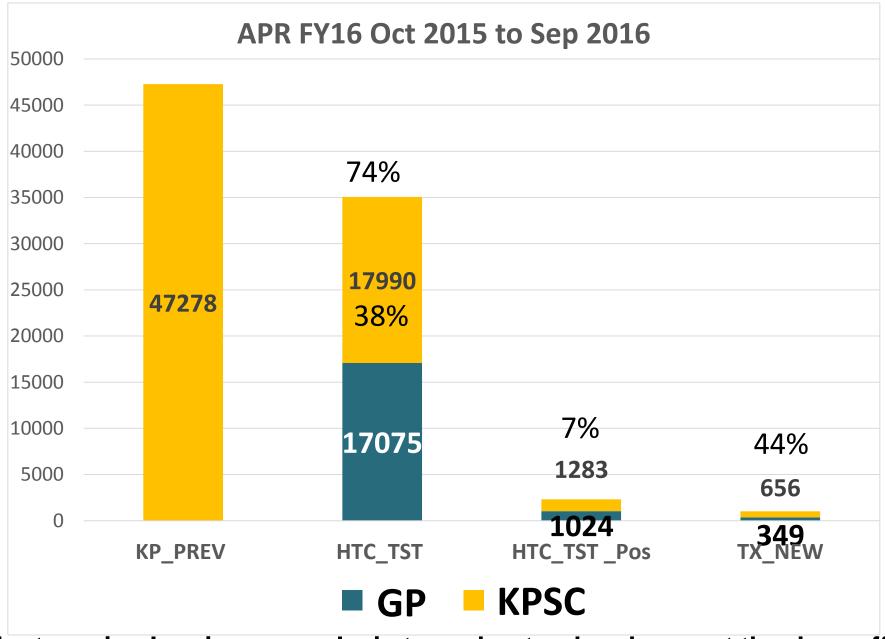
#Incubator on ART Decentralization:

Full partnership with community for improved access



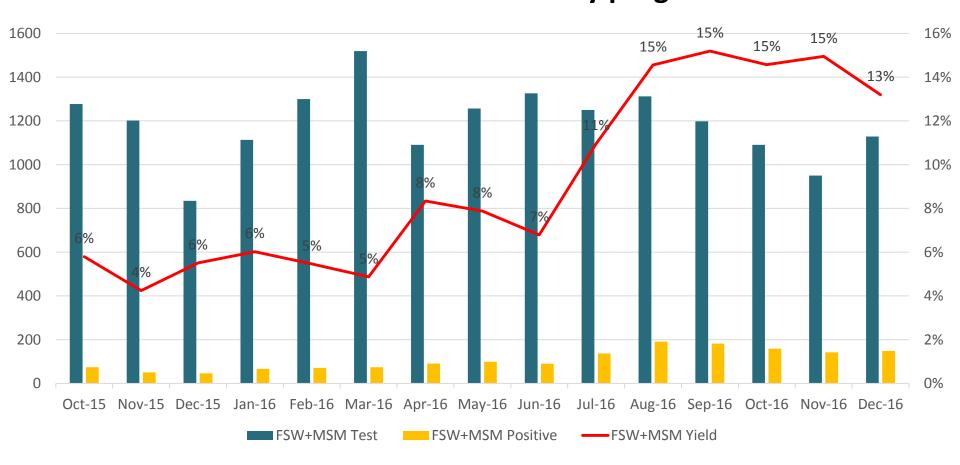
#### **PEPFAR Geography and Population Prioritization**





The team is planning an analysis to understand and correct the drop off

### FSW and MSM/TG HIV test and HIV+ rate at TOP OCT 15 to DEC 16 monthly progress



- DAILY DATA MANAGEMENT
- EMPOWERMENT & FLEXIBILITY IN OUTREACH
- UNDERSERVED POPULATIONS/AREAS FOCUS
- PARTNER TESTING & USING NETWORKS
- TECHNOLOGY



### Scaling Up PEPFARsupported Innovations: Enhanced Outreach

Training for >10 GF IPs (Dec 2016 - Jan 2017)

Initial pilot at PEPFAR site (Aug 2016) HIV Technical Strategy Group updates, endorsement (Oct and Dec 2016) Finalization of operations manual and further scale up across high burden areas (Feb – Mar 2017)

Finalization of operations manual and further scale up across high burden areas (April onwards)

	IPs results 2016	Preliminary results from selected IP (Feb. 2017)
Reach to test	42%	71%
Positivity	5.6%	10%



#### Strategic Outcomes

#### **Strategic Outcome 1:**

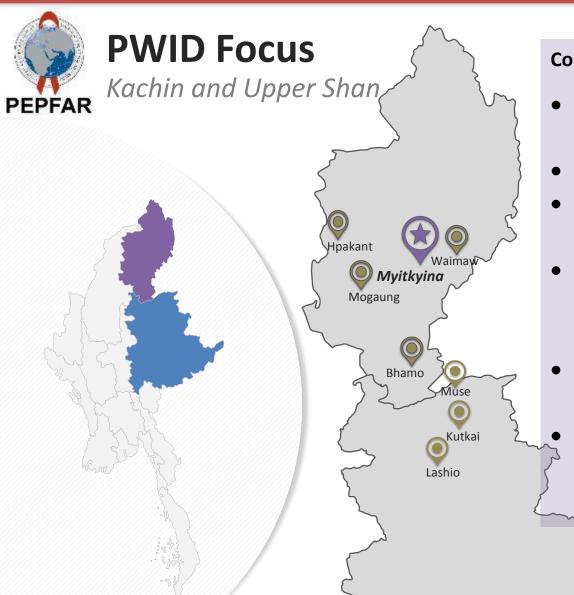
Contribute toward improving coverage and quality of testing and ART services as described in the National Strategic Plan III by at least 25% in 2 years

#### **Strategic Outcome 2:**

2 a: In close collaboration with the Global Fund, support expansion of PWID programming to support 25% increase in MAT in 2 years;

2 b: Develop innovative models to increase case finding and to inform scale up and treatment for PWID by at least 25% in 2 years.





#### **Context**

- 83,000 PWID, high HIV prevalence
   28% 45%)
- 29% of PWID have been HIV tested
- Harm reduction services available, but cannot meet demand.
- Insufficient linkages between harm reduction and HIV/ART programming
- Methadone sites need better coordination with HIV services
  - Geography and mobility are major challenges in the provision of both ART and harm reduction services.

In COP 17/18 PEPFAR proposes enhanced services for PWID to provide linkage to ART





### Embassy Rangoon All of Embassy Effort on Drugs in Myanmar

**Harm Reduction** 

**Supply Reduction** 

**Demand Reduction** 











#### **Above Site Activities**

- Collaborate and support National Drug Abuse Control Program and the National AIDS Program to develop a national strategic plan for PWID services;
- Provide technical assistance to improve reach and quality of public sector MAT and PWID "One-Stop-Shop" sites;
- Provide technical assistance to strengthen MAT dosing capacity and integration of MAT monitoring into electronic HIV Shealth monitoring systems;
- Technical assistance for the National Drug Abuse Control Program for data analysis
  and data triangulation on methamphetamine and amphetamine-type stimulants
  and HIV.
- . Support to the National Drug User Survey conducted by UNODC
- Support drug policy consultations between the government, civil society and the United Nations involving the Ministry of Home Affairs, the Central Committee for Drug Abuse Control (CCDAC) of the Myanmar Police Force (MPF) and the UN Office on Drugs and Crime (UNODC).

#### Site level Activities





- Proving the feasibility and impact of a self-testing protocol using a trained cadre of lay community health workers to facilitate communitybased screening and entry into the HIV/AIDS care continuum;
- Substantiating the feasibility and impact of multi-month scripting on viral load suppression and retention in care for KP groups;
- Developing a targeted HIV, HCV, and MDR-T8 co-infection pilot within existing Harm Reduction interventions to inform the MOHS and develop a comprehensive package of services for PWID;
- Validating the use of community-based ART delivery models including alternate pick-up points (e.g., dispensaries), NAP-authorized practitioners in the private sector, and community adherence/support groups, with the goal of bringing treatment closer to communities.
- The establishment of Steering Committees for harm reduction services at township level with senior officials from local General Administration Department (GAD), Myanmar Police Force (MPF), Central Committee for Drug Abuse and Control (CCDAC), and Public Health Departments, and faith-based and community groups.



- •TA to National Strategic Plan , GF Concept Note, PWID policy
- Quality HTS, Viral Load Scale-up
- •Strategic Information

- HTS, with focus on expansion of KPfocused HTS and QA/QS
- ART
- Low threshold PWID service delivery, incl. Methadone
- Training

PEPFAR Above Site

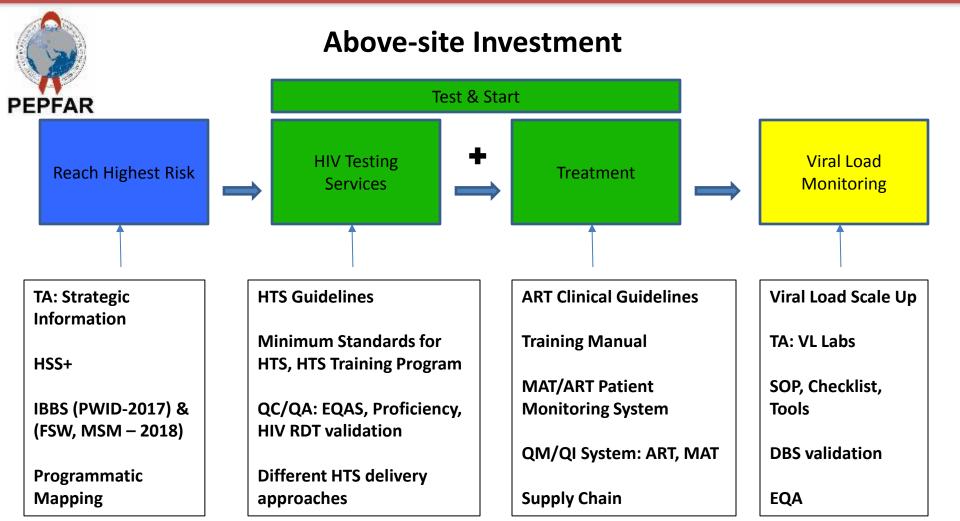
National Policy

Site Level (GF, 3MDG)

- •Case management guidelines for KP
- •KP Friendly service delivery
- Support for scale-up of successful innovative service delivery models

PEPFAR @ Site-Level

- Innovation incubator
- Increase test yields
- Improved linkages and retention support



Integrated Services and Improve Linkage & Referral: TB/HIV, One Stop Shop for PWID KP Friendly Services: KP sensitization training

Interim Operational Guidance along the care continuum Training program, Tools, Job-aids, Manual Development Cascade Monitoring: KP specific Cascade systems



### **Proposed FY18 and FY19 Targets**

Indicator	FY16 result	FY16 target	FY17 Q1 result	FY17 Target	Propose d FY18 target	Propose d FY19 target
KP_PREV	47,278 (89%)	53,377		17,044	26,369	27,926
HTC_TST	35,065 (83%)	42,062	6,745 (31%)	21,124	25,241	24,984
HTC_POS	2,307 (78%)	2,944	752 (31%)	2,141	3,443	3,745
TX_NEW	1,005 (86%)	1,166	528 (27%)	1,895	2,750	2,997
TX_CURR	1,634 (120%)	1,366	2,088 (62%)	3,360	5,602	7,759
TX_RET	341	No target		1,465	1,366	2,073
TX_PVLS		No target		No target	1,621	3,607





### COP/ROP 17 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
USAID	\$5,193,257	\$1,306,743	\$6,500,000
HHS/CDC	\$3,300,000	\$200,000	\$3,500,000
Total	\$8,493,257	\$1,506,743	\$10,000,000

COP17 Minimum Pipeline Requirement: \$0

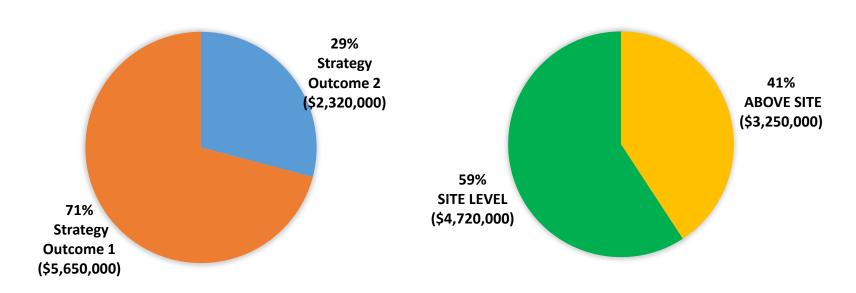




#### COP17/18 Proposed Program Funding

#### BY STRATEGIC OUTCOMES

#### BY ABOVE SITE & SITE LEVEL







### PEPFAR COP/ROP 16 vs COP/ROP 17 Budget Code Totals

		2016	2017	% Change	% Total
НВНС	Adult Care and Support	\$281,682	\$258,178	-8%	3%
HLAB	Lab	\$482,500	\$799,435	66%	8%
HTXS	Adult Treatment	\$1,912,375	\$2,217,823	16%	22%
HVCT	Counseling and Testing	\$1,678,949	\$1,596,027	-5%	16%
HVMS	Management and Operations	\$1,312,092	\$1,061,370	-19%	11%
HVOP	Other Sexual Prevention	\$804,047	\$999,285	24%	10%
HVSI	Strategic Information	\$1,370,625	\$844,538	-38%	8%
HVTB	TB/HIV Care	\$308,250	\$176,319	-43%	2%
IDUP	Injecting and Non-Injecting Drug Use	\$1,013,740	\$1,251,822	24%	13%
OHSS	Health Systems Strengthening	\$835,740	\$788,902	-6%	8%
	Total	\$10,000,000	\$10,000,000		}



#### **Earmark Allocations**

New FY 2017 funds allocated to care and treatment:

• COP/ROP17 requirement: \$1,900,000 (\$1,613,719)

• COP/ROP17 proposed: \$2,600,537

















**USAID** 











## Management and Staffing

 One new position with expertise in clinical and laboratory work.





### Thank you



